



Original



Amendment

U.S. House of Representatives  
111<sup>th</sup> Congress

LEGISLATIVE RESOURCE CENTER

2009 MAY 21 PM 12:04

MEMBER / OFFICER  
POST-TRAVEL DISCLOSURE FORM

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

This form is for disclosing the receipt of travel expenses from a private source for meetings, speaking engagements, fact-finding trips or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately-funded travel on the Member or officer's annual Financial Disclosure Statement. In accordance with clause 5 of House Rule 25, complete this form and file it with the Clerk of the House of Representatives, B-106 Cannon House Office Building, within **15 days** after travel is completed. The Clerk is to make these forms available to the public as soon as possible after they are received.

1. Name of Traveler: Michael C Burgess
2. a. Name of Accompanying Family Member (if any): N/A  
 b. Relationship to Member/Officer: ☐ Spouse ☐ Child ☐ Other (specify): \_\_\_\_\_
3. a. Date of Departure and Date of Return: May 11, 2009 (same day travel)  
 b. Dates at personal expense (if any): \_\_\_\_\_
4. Itinerary (cities of departure – destination – return): DFW to Indianapolis, IN to DFW
5. Sponsor(s) (who paid for the trip): St Vincent Medical Hospital, Indianapolis, IN
6. Describe meetings and events attended (attach additional pages if necessary):  
Rep Burgess addressed the physicians at St Vincent Hospital regarding  
his work as a Member of Congress and his role on the E&C Committee Subcommittee on Health
7. Attached to this form are EACH of the following (*signify that each item is attached by checking the corresponding box*):
  - a. ☒ the Private Sponsor Travel Certification Form completed by trip sponsor, including all attachments;
  - b. ☒ the Traveler Form completed by the Member or officer; *and*
  - c. ☒ the Committee on Standards' letter approving my participation on this trip.
8. a. I represent that I participated in each of the activities reflected in the sponsor's agenda. (*Signify that statement is true by checking box*): ☐  
 b. If not, explain: Rep Burgess' participated only during the 1-215pm session where he was a keynote speaker.

BURGESS

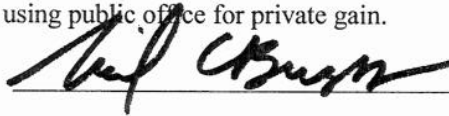
9. **TRIP EXPENSES:** Obtain actual dollar amounts from the sponsor. If exact dollar amounts are unavailable by the due date, provide a good faith estimate and file an amended form once the correct amounts are received.

	Total Transportation Expenses	Total Lodging Expenses	Total Meal Expenses
For Member or Officer:	568.20	n/a	n/a
For accompanying family member:	n/a		

	Other Expenses (dollar amount)	Specific Nature of Expenses (e.g., taxi, parking, registration fee, etc.)
For Member or Officer:	91.79	Car Service
For accompanying family member:	n/a	

I certify that the information contained in this form is true, complete, and correct to the best of my knowledge. I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member or Officer of the U.S. House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE OF MEMBER:



DATE:

5/20/09

**U.S. House of Representatives  
Committee on Standards of Official Conduct**

**PRIVATELY SPONSORED TRAVEL: TRAVELER FORM  
For Members, Officers, and Employees**

This form should be completed by House Members, officers, or employees seeking Committee approval of privately-sponsored travel or reimbursement for travel under House Rule 25, clause 5. The completed form should be submitted directly to the Committee by each invited House Member, officer, or employee, together with the completed and signed Private Sponsor Travel Certification Form and any attachments. A copy of this form, minus this initial page, will be made available for public inspection. *Please type form. Form (and any attachments) may be faxed to the Committee at (202) 225-7392.*

**YOUR COMPLETED REQUEST MUST BE SUBMITTED TO THE COMMITTEE NO LESS THAN 14 DAYS BEFORE YOUR PROPOSED DEPARTURE DATE.** Absent exceptional circumstances, permission will not be granted for requests received less than 14 days before the trip commences.

Name of Traveler: Michael Burgess, M.D.

**I certify that the information contained on both pages of this form is true, complete, and correct to the best of my knowledge.**

Signature: 

Name of Signatory (if other than traveler): Amanda Stevens

For staff, name of employing Member/Committee: \_\_\_\_\_

Office address: 229 Cannon

Phone number: 202-225-7772

Email address of contact person: amanda.stevens@mail.house.gov

- ☐ Check this box if the sponsoring entity is a media outlet and the traveler is a Member traveling to make a media appearance sponsored by that entity and these forms are being submitted to the Committee less than 14 days before the trip departure date.

**NOTE: You must complete the contact information fields above,** as Committee staff may need to contact you if additional information is required.

If there are any questions regarding this form please contact the Committee:

Committee on Standards of Official Conduct  
U.S. House of Representatives  
HT-2, The Capitol  
Washington, DC 20515  
(202) 225-7103 (phone)  
(202) 225-7392 (fax)

**U.S. House of Representatives  
Committee on Standards of Official Conduct**

**PRIVATELY SPONSORED TRAVEL: TRAVELER FORM**

1. Name of Traveler: Michael C. Burgess, M.D.
2. Sponsor(s) (who will be paying for the trip): St Vincent Medical Hospital, Indianapolis, IN
3. Travel destination(s): DFW to Indianapolis, IN to DFW
4. a. Date of Departure and Date of Return: Monday, May 11, 2009  
b. Will you be extending the trip at your personal expense? ☐ Yes ☒ No  
If yes, dates at personal expense: \_\_\_\_\_
5. a. Will you be accompanied by a family member at the sponsor's expense? ☐ Yes ☒ No  
b. If yes, name of accompanying family member: \_\_\_\_\_  
c. Relationship to traveler: ☐ Spouse ☐ Child ☐ Other (specify): \_\_\_\_\_
6. a. Did the trip sponsor answer "yes" to Question 9(c) on the Trip Sponsor form (i.e., the travel is being sponsored by an entity that employs a lobbyist)? ☐ Yes ☒ No  
b. If yes, check one of the following: ☐ N/A – Sponsor checked 9(a) or 9(b)  
(1) Approval for one-night's lodging and meals is being requested: ☐ or  
(2) Approval for two-nights' lodging and meals is being requested: ☐  
If "(2)" is checked, explain why the second night is warranted: \_\_\_\_\_
7. Private Sponsor Travel Certification Form is attached, including agenda, invitee list, and any other attachments (indicate that form is attached by checking box): ☒
8. Explain why participation in the trip is connected to your individual official or representational duties:  
Rep Burgess will be addressing the physicians at St Vincent Hospital  
regarding his work as a Member of Congress and his role on the E&C Committee subcommittee on Health.

9. **FOR STAFF:  
TO BE COMPLETED BY YOUR EMPLOYING MEMBER:**

I hereby authorize the individual named above, an employee of the U.S. House of Representatives who works under my direct supervision, to accept expenses for the trip described in this request. I have determined that the above-described travel is in connection with my employee's official duties and that acceptance of these expenses will not create the appearance that the employee is using public office for private gain.

Date: March 17, 2009

\_\_\_\_\_  
Signature of Employing Member

**NOTE:** This page must be submitted with your post-travel disclosure form within 15 days of your return, so you should maintain a photocopy of the completed form for your records.

U.S. House of Representatives  
Committee on Standards of Official Conduct

**PRIVATE SPONSOR TRAVEL CERTIFICATION FORM**  
(provide directly to each House invitee)

This form should be completed by private entities offering to provide travel or reimbursement for travel to House Members, officers, or employees under House Rule 25, clause 5. A completed copy of the form (and any attachments) should be provided to each invited House Member, officer, or employee, who will then forward it to the Committee together with a Traveler Form. The trip sponsor should NOT submit the form directly to the Committee. *You must answer every question on the form.*

1. Sponsor(s) (who will be paying for the trip): St. Vincent Medical Staff, Indianapolis, IN
2. I represent that the trip will not be financed (in whole or in part) by a federally-registered lobbyist or a registered foreign agent (Signify that the statement is true by checking box): ☒
3. I represent that the trip sponsor(s) has not accepted from any other source funds earmarked directly or indirectly to finance any aspect of the trip (Signify that the statement is true by checking box): ☒
4. Is travel being offered to an accompanying family member of the House invitee(s)? ☐ Yes ☒ No
5. Provide names and titles of ALL House invitees; for each invitee, provide explanation of why the individual was invited (include additional pages if necessary): Rep. Burgess is a physician active in health legislation and reform.  
Rep. Burgess is a physician active in health legislation and reform.
6. Dates of travel: Monday, May 11, 2009
7. Cities of departure – destination – return: Dallas Fort Worth to Indianapolis back to Dallas Fort Worth
8. Attached is a detailed agenda of the activities taking place during the travel (i.e., an hourly description of planned activities) (Signify "yes" by checking box): ☒
9. I represent that (check one of the following):
  - a. The sponsor of the trip is an institution of higher education within the meaning of section 101 of the Higher Education Act of 1965: ☐ or
  - b. The sponsor of the trip does not retain or employ a registered federal lobbyist or foreign agent: ☒ or
  - c. The sponsor employs or retains a registered federal lobbyist or foreign agent, but the trip is for attendance at a one-day event and lobbyist/foreign agent involvement in planning, organizing, requesting, or arranging the trip was *de minimis* under the Committee's travel regulations. ☐
10. If travel is for participation in a one-day event (i.e., if you checked Question 9(c)), check one of the following:
  - a. N/A – I checked 9(a) or (b) above: ☒
  - b. One-night's lodging and meals are being offered: ☐ or
  - c. Two-nights' lodging and meals are being offered: ☐  
If "c" is checked, explain why the second night is warranted: \_\_\_\_\_

11. Check one:

- a. I represent that a federally-registered lobbyist or foreign agent will not accompany House Members or employees on any segment of the trip (*Signify that the statement is true by checking box*): ☒ or  
b. N/A – trip sponsor is an institution of higher education. ☐

12. Private sponsors must have a direct and immediate relationship to the purpose of the trip or location being visited. Describe the purpose of the trip and the role of each sponsor in organizing and conducting the trip:

This is the St. Vincent Medical Staff Spring Retreat. Rep. Burgess is scheduled to be a speaker at the medical meeting portion of the retreat. The theme is "The Great Healthcare Debate".

13. a. Describe the mode of travel (air, rail, bus, etc.). For air travel, also indicate the type of aircraft (commercial, charter, or privately owned) and class of travel (coach, business class, first class, etc.):

Commercial airline. Travel is business class.

b. If travel will be first class or by chartered or private aircraft, provide an explanation describing why such travel is warranted:

14. I represent that the expenditures related to local area travel during the trip will be unrelated to personal or recreational activities of the invitee(s). (*Signify that the statement is true by checking box*): ☒

15. I represent that either (*check one of the following*):

- a. The trip involves an event that is arranged or organized *without regard* to congressional participation and that meals provided to congressional participants are similar to those provided to or purchased by other event attendees: ☒ or

- b. The trip involves events that are arranged *specifically with regard* to congressional participation: ☐

If "b" is checked, detail the cost per day of meals (approximate cost may be provided):

16. Reason for selecting the location of the event or trip: Bridgewater Club is the location of the St. Vincent Medical Staff Retreat. It is located close to one of our hospital facilities.

17. Name of hotel or other lodging facility: Not applicable.

18. Cost per night of hotel or other lodging facility (approximate cost may be provided): Not applicable.

19. Reason(s) for selecting hotel or other lodging facility: Not applicable.

20. TOTAL EXPENSES FOR EACH PARTICIPANT:

<input type="checkbox"/> actual amounts <input checked="" type="checkbox"/> good faith estimates	Total Transportation Expenses per Participant	Total Lodging Expenses per Participant	Total Meal Expenses per Participant
For each Member, Officer, or employee	\$1000	0	\$100
For each accompanying family member			

	Other Expenses (dollar amount)	Identify Specific Nature of "Other" Expenses (e.g., taxi, parking, registration fee, etc.)
For each Member, Officer, or employee		
For each accompanying family member		

21. I represent that all expenses connected to the trip will be for actual costs incurred and not a per diem or lump sum payment (signify that the statement is true by checking box): ☒

22. I certify that the information contained in this form is true, complete, and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Name and title: Thalia D. Hammond, physician program and development liaison

Organization: St. Vincent Hospital

Address: 2001 W. 86th Street, POB 801, Indianapolis, IN 46260

Telephone number: 317-338-3341

Fax number: 317-338-9490

Email Address: tdhammon@stvincent.org

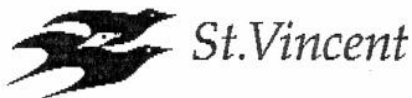
The Committee staff may contact the above individual if additional information is required.

If there are any questions regarding this form please contact the Committee at the following address:

Committee on Standards of Official Conduct  
U.S. House of Representatives  
HT-2, The Capitol  
Washington, DC 20515  
(202) 225-7103 (phone)  
(202) 225-7392 (general fax)

Version date 8/2008 by Committee on Standards of Official Conduct





P.O. Box 40970  
Indianapolis, IN 46240-0970  
(317) 338-CARE

stvincent.org

February 20, 2009

To the Committee on Standards of Official Conduct:

I am still working on the final agenda for our spring medical staff retreat.

I would like to give you an outline of the day as it stands thus far.

Dr. Bob Robison, Indianapolis medical staff president, is holding the Indy/Carmel medical staff retreat on **Monday, May 11** at the Bridgewater Club in Carmel. The theme of this meeting is "The Great Healthcare Debate".

The current format is tentatively scheduled as 8:00am golf outing; 1:00-5:00pm medical staff meetings and reception and speaker at 6:00 pm. The panel discussion is from 4:00pm-5:00pm.

**Rep. Mike Burgess, MD** from Texas, **Richard Sheff MD**, chairman and executive director of the Greeley Company, **Dr. Judy Monroe**, Indiana State Health Commissioner and **Vince Caponi**, CEO of St. Vincent Health are all scheduled to speak at the retreat.

Rep. Burgess will be arriving at the retreat around 12noon. He has to catch an afternoon flight, so I have him scheduled to speak from 12noon-1pm.

If you need any additional information, please feel free to call or email.

Sincerely,

**Thalia D. Hammond**  
Physician Program and Development Liaison  
[tdhammon@stvincent.org](mailto:tdhammon@stvincent.org)  
St. Vincent Hospital  
Office 317-338-3341  
Cell 317-658-1000  
Fax 317-338-9490

member of  
**ASCENSION**  
HEALTH

Core Values

We are called to:

Service of the Poor  
Generosity of spirit for  
persons most in need,

Respect and compassion  
for the dignity and diversity  
of life.

Integrity  
Inspiring trust through  
personal leadership,

Stewardship  
Integrating excellence  
in stewardship,

Innovation

Education  
Firming the hope and  
faith of our ministry.

A member of  **St. Vincent** HEALTH

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ST VINCENT

FEB-20-2009 15:04



**St. Vincent Spring Medical Staff Retreat and Golf Outing**

Monday, May 11, 2009

Bridgewater Club  
3535 E. 161<sup>st</sup> Street  
Carmel, IN 46033

Representative Mike Burgess, MD of Texas  
Susan Levy, chief advocacy officer for Ascension Health  
Richard Sheff, MD, chairman and executive director of the Greeley Company  
Judy Monroe, MD, Indiana State Health Commissioner  
Vince Caponi, CEO St. Vincent Health

Panel:

Moderator: Richard Sheff

Participants: Susan Levy, Judy Monroe, Vince Caponi, Woody Myers, Dan LeGrand

7:30am	Registration
8:00am-12noon	Golf-Scramble
9:00am-12noon	Tennis
12:00pm-12:45pm	Lunch
12:45pm	Welcome Remarks Bob Robison
12:55pm	Invocation and Introduction of US Rep. Mike Burgess-Dan LeGrand
1:00pm-1:45pm	US Rep. Mike Burgess, MD
1:45pm-2:15pm	Discussion and Q & A
2:15pm-2:45pm	Dr. Richard Sheff
2:45pm-3:00pm	Break
3:00pm-3:30pm	Dr. Judy Monroe
3:30pm-4:00pm	Susan Levy
	Panel Discussion moderated by Dr. Sheff
	Vince Caponi
	Judy Monroe
	Susan Levy
	Woody Myers (confirm)
	Dan LeGrand
4:00pm-5:00pm	
5:00pm	Reception Begins
5:45pm	Golf Prize Awards Dr. Carr "10minutes to a Better Golf Game". Introduce Dr. Robison
5:55pm	Introduction of Vince Caponi
6:00pm	Vince Caponi
6:30pm	Hospital Staff Meeting

# U.S. House of Representatives

COMMITTEE ON STANDARDS OF  
OFFICIAL CONDUCT

Washington, DC 20515

March 20, 2009

The Honorable Michael Burgess  
U.S. House of Representatives  
229 Cannon House Office Building  
Washington, DC 20515

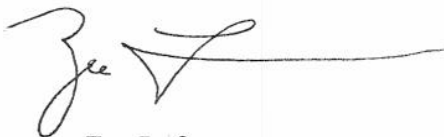
Dear Colleague:

Pursuant to House Rule 25, clause 5(d)(2), the Committee on Standards of Official Conduct hereby approves your proposed trip to Indianapolis, Indiana scheduled for May 11, 2009 sponsored by St. Vincent Medical Hospital.

You must complete a Member Travel Disclosure Form and file it with the Clerk of the House within 15 days after your return from travel. As part of that filing, you are required to attach a copy of this letter and both the Private Sponsor Travel Certification Form (including attachments) and Member travel approval form you previously submitted to the Committee. You must also report all travel expenses totaling more than \$335 from a single source on Schedule VII of your annual Financial Disclosure Statement.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-7103.

Sincerely,



Zoe Lofgren  
Chair



Jo Bonner  
Ranking Republican Member

ZL/JB:trs